



MEMORANDUM
Office of the City Attorney

002140
LEGISLATIVE ITEM NO.

Phone: 334-5011/Fax 334-2229
Box 46

TO: Mayor and City Commission

DATE: November 26, 2001

FROM: City Attorney


CONSENT

SUBJECT: EEOC / FCHR Charge No. 150A20237

Recommendation: The City Commission authorize the City Attorney's Office to represent the City in the case styled Karen Snyder v. City of Gainesville, EEOC/FCHR Charge No. 150A20237.

On November 16, 2001, the City of Gainesville received a Notice of Charge of Discrimination from the Equal Employment Opportunity Commission. Ms. Snyder alleges that she was retaliated against for complaining about gender based discrimination in the form of a negative performance evaluation.

Prepared by:


Elizabeth A. Waratuke,
Litigation Attorney

Approved and
Submitted by:


Marion L. Radson,
City Attorney

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Marion J Radson
 City Attorney
 City Of Gainesville
 P.O. Box 1110
 Gainesville, FL 32602

PERSON FILING CHARGE

Snyder, Karen

THIS PERSON (check one)

- CLAIMS TO BE AGGRIEVED
 IS FILING ON BEHALF OF ANOTHER,

DATE OF ALLEGED VIOLATION

Earliest: 06/28/2001 Most Recent: 06/28/2001

PLACE OF ALLEGED VIOLATION

Gainesville, FL

CHARGE NUMBER

150A20237

NOTICE OF CHARGE OF DISCRIMINATION

(See EEOC "Rules and Regulations" before completing this Form)

You are hereby notified that a charge of employment discrimination has been filed against your organization under:

- TITLE VII OF THE CIVIL RIGHTS ACT OF 1964
- THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967
- THE AMERICANS WITH DISABILITIES ACT
- THE EQUAL PAY ACT (29 U.S.C, SECT. 206(d)) investigation will be conducted concurrently with our investigation of this charge.



The boxes checked below apply to your organization:

1. No action is required on your part at this time.
2. Please submit by 12/07/01 a statement of your position with respect to the allegation(s) contained in this charge, with copies of any supporting documentation. This material will be made a part of the file and will be considered at the time that we investigate this charge. Your prompt response to this request will make it easier to conduct and conclude our investigation of this charge.
3. EEOC has instituted a Mediation program which provides parties with an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please indicate that desire on the enclosed form and respond by 11/22/01 to _____. If you **DONOT** wish to participate in Mediation, you must submit a statement of your position to the Commission Representative listed below, by the above date.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

MIAMI DISTRICT OFFICE
 One Biscayne Tower, Suite 2700
 2 South Biscayne Blvd.
 MIAMI, FLORIDA 33131

Gilbert Carrillo, A.D.R Coordinator
(Commission Representative)
(305) 536-4476
(Telephone Number)

Enclosure: Copy of Charge

BASIS OF DISCRIMINATION

- RACE COLOR SEX RELIGION NAT. ORIGIN AGE DISABILITY RETALIATION OTHER

CIRCUMSTANCES OF ALLEGED VIOLATION

See enclosed Form 5, Charge of Discrimination.

DATE
 11/08/2001

TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL
 Federico Costales
 Director

SIGNATURE

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 150 A20237
---	-----------------------------

Florida Comm. on Human Relations and EEOC
State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.) Ms. Karen Snyder	HOME TELEPHONE (Include Area Code) (352) 380-0705
--	--

STREET ADDRESS 4000 N.W. 51 St., Apt. 241, Gainesville, FL 32606	CITY, STATE AND ZIP CODE Gainesville, FL 32606	DATE OF BIRTH 11/30/1962
---	---	-----------------------------

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME City Of Gainesville	NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +)	TELEPHONE (Include Area Code) (352) 334-5000
-----------------------------	---	---

STREET ADDRESS P.O. Box 490, Gainesville, FL 32602	CITY, STATE AND ZIP CODE Gainesville, FL 32602	COUNTY 001
---	---	---------------

NAME P.O. Box 490, Gainesville, FL 32602	TELEPHONE NUMBER (Include Area Code) (352) 334-5000
---	--

STREET ADDRESS P.O. Box 490, Gainesville, FL 32602	CITY, STATE AND ZIP CODE Gainesville, FL 32602	COUNTY 001
---	---	---------------

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)	DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST 06/28/2001 06/28/2001 <input checked="" type="checkbox"/> CONTINUING ACTION
---	---

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

I. I was employed by the Respondent beginning April 10, 2000 as a Recreation Manager. In May, 2001, I complained about discriminatory treatment I had been receiving to the City's equal opportunity office. After my complaint, my supervisor gave me a negative performance evaluation on June 28, 2001.

II. The reason given to me by the Respondent for the negative performance evaluation was problems with interpersonal relationships and communication skills.

III. I believe that I have been retaliated against for complaining about gender based discrimination, in violation of Title VII of the Civil Rights Act of 1964, as amended, by receiving a negative performance evaluation.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
I declare under penalty of perjury that the foregoing is true and correct.	SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year)

